

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

62-029800

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED FILED

Registration District No. 360

Primary Registration District No. 6225

Registrar's No. 105

ED JUL 31 1962

VS 300
Rev. 4/59

1080
20201

3

4 1

5 2

6

7 1

8 2

94200

10

11

1293-0

131-0

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

BY AFFIDAVIT OF

1. PLACE OF DEATH

a. COUNTY **Vernon**

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR TOWN **Nevada**

Length of stay in lb
1 year 7 mths, 20 d.

c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR INSTITUTION **State Hospital No. 3**

Inside Limits
Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE **Missouri** COUNTY **Cedar**

c. CITY OR TOWN **Eldorado Springs**

Inside Limits
Yes ☒ No ☐

d. STREET ADDRESS (If outside, give location)
115 W. Walnut

Reside on Farm
Yes ☐ No ☒

3. NAME OF DECEASED

First Middle Last

Elizabeth

DATE OF DEATH

Dugan

Month Day Year
July 25, 1962

5. SEX

Female

6. COLOR OR RACE

White

7. Married

☒ Never Married ☐
Widowed ☒ Divorced ☐

8. DATE OF BIRTH

Nov 17, 1881

9. AGE (last birthday)

80

10. IF UNDER 1 YEAR

Months Days Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Housewife

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (City and state or country)

Ohio

12. CITIZEN OF WHAT COUNTRY

U. S.

13a. FATHER'S NAME

Wesley Porter

13b. MOTHER'S MAIDEN NAME

Levina E. Stephens

14. NAME OF HUSBAND OR WIFE

Samuel Dugan

15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no, or unknown) (If yes, give war or dates of service)
Unknown

16. SOCIAL SECURITY NO.

Unknown

17. INFORMANT

Hospital records.

18. CAUSE OF DEATH (Enter only one cause per line for PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Arteriosclerotic Heart Disease

INTERVAL BETWEEN ONSET AND DEATH

Years

DUE TO (b)

Generalized Arteriosclerosis

Years

DUE TO (c)

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☒ No ☐ Unknown

19. WAS AUTOPSY PERFORMED?

YES ☐ NO ☒

20a. ACCIDENT SUICIDE HOMICIDE

☐ ☐ ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY

Hour a.m. p.m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK

☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from **December 5, 1960** to **July 25, 1962** and last saw her alive on **July 25, 1962**

Death occurred at **3:25 P** m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

Allen Pickens, M.D.

22b. ADDRESS

State Hospital No. 3

22c. DATE SIGNED

7-25-62

23a. BURIAL, CREMATION, REMOVAL (Specify)

Burial

23b. DATE

7-27-1961

23c. NAME OF CEMETERY OR CREMATORY

Eldorado Snps. Cem.

23d. LOCATION (City, town, or county)

Eldorado Snps. Cedar Mo.

24. FUNERAL DIRECTOR

Ginn-Carothers, Eldorado Snps. Mo.

ADDRESS

25. DATE RECD. BY LOCAL REG.

7-28-1962

26. REGISTRAR'S SIGNATURE

Anna E. Perry

USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

AUG 21 1962

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by John M. Eisen, Student Embalmer No. 661

working under my personal supervision.

Student

John M. Eisen
Signature of Student Embalmer

Signed

May W. Pickering
Licensed Embalmer No. 4696

P. O. Address El Dorado, Ark., Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.